

**REPORT TO THE TWENTY-THIRD LEGISLATURE
STATE OF HAWAII
REGULAR SESSION OF 2006**

**PURSUANT TO SECTION 349-5(2) HAWAII REVISED STATUTES
REQUIRING THE EXECUTIVE OFFICE ON AGING TO PROVIDE AN
ANNUAL EVALUATION REPORT ON ELDER PROGRAMS FOR THE
GOVERNOR AND TO THE LEGISLATURE**

**Prepared by:
STATE OF HAWAII
DEPARTMENT OF HEALTH
EXECUTIVE OFFICE ON AGING
DECEMBER 2005**

EXECUTIVE SUMMARY

In FY 2005, the Executive Office on Aging (EOA) continued to address the mandates of the Older Americans Act and the goals laid down in the Hawaii State Plan on Aging (2003-2007). These goals are:

- Older adults make informed decisions through accurate information.

During FY 2005, the number of individual contacts made by both staff, as well as personnel of the Information & Assistance (I&A) and outreach programs, totaled 37,039. In addition, public education activities were able to reach an estimated number of 28,596 persons. This does not include an undetermined number of persons reached through radio and television broadcasts. 87% of clients surveyed in three counties (Honolulu, Maui and Hawaii) indicated that I&A information received helped them make informed decisions.

Conscious of the importance of data for planning, implementation and evaluation, the EOA continues to exert efforts toward the development of a statewide data system, and has also collaborated with the UH Center on the Family in the development of an aging data center.

- Older adults are able to live independently in their homes for as long as possible.

Through the various supportive (access, in-home, and community-based) and nutrition services, EOA hopes to help older adults to age in place and to delay their institutionalization. In FY 2005, access services were provided to 46,043 individuals, in-home services to 4,883 persons, and community-based services to 12,199 elder clients. In addition, a total of 351,530 meals were provided at congregate dining sites, and 530,996 hot and frozen home-delivered meals were provided statewide. A total of 17,591 individuals were served by the nutrition programs.

Through its Kupuna Care (KC) program, which serves the frail, it was able to serve 6,333 unduplicated clients statewide. 97% of KC clients surveyed in three counties (Honolulu, Maui and Hawaii) indicated that their needs were met. In addition, data from two counties (Honolulu and Hawaii) showed that 69% of KC clients remained at home for more than three months.

- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.

Through the National Family Caregiver Support Program services, a total of 1,651 caregivers were served in FY 2005. 98% of caregivers surveyed in one county (Maui) indicated that caregiver services increased the amount of time for

their own daily activities, while 95% reported that support services and programs helped them to give care.

In addition, the Caregivers Resource Initiative Project (CRIP) was initiated for the purpose of developing support systems, services, and products for family caregivers. In FY 2005, CRIP continued to promote self-advocacy, maintained or organized coalitions (Hawaii Family Caregiver Network and the Hawaii Caregiver Coalition), strengthened communication and community-wide support (*Family Caregiver* newsletter and website), and implemented the Brookdale Foundation's Relatives as Parents Program (RAPP) Statewide Initiative.

- Older adults and family members are informed of elder rights and benefits.

This goal was addressed through several programs. One is the legal assistance program, which served 1,062 individuals statewide. Another is *Project Reach*, an Oahu-based elder abuse prevention and response demonstration project. Another is the Long Term Care Ombudsman and Volunteer Ombudsman programs, which identify, investigate, and resolve complaints made by or on behalf of residents of licensed long term care facilities, and which opened 40 cases (34 closed) out of 111 complaints during the year. There is also the Sage PLUS program, which gives unbiased health insurance information counseling and assistance to people with Medicare, and the SageWatch program, which utilizes volunteer retired professionals to educate the community in the detection and prevention of health care fraud and abuse, with a focus on the Medicare and Medicaid programs.

A survey conducted in two counties (Maui and Hawaii) showed that 100% of older adults requesting information about legal advice, counseling, and representation were linked to legal resources

- Public and private sectors and the community work together to address existing and emerging issues.

In line with this goal, the Executive Office on Aging initiated or took the lead in organizing several initiatives. One is the Healthy Aging Project, a partnership between the aging network and public health programs, government, private sector, and the community whose goal is to improve the health status of Hawaii's elderly through increased physical activity and improved nutrition. Another is the White House Conference on Aging, which involved statewide community deliberations on a number of resolutions to be sent to the President, Congress and Federal agencies to guide national aging policy over the next decade. A third is the Silver Legislature, planned over the year, and which involved educating seniors about the legislative process through their actual participation as legislators, lobbyists, and observers.

Through its Policy Advisory Board on Elderly Affairs' (PABEA) Legislative Committee, the office engaged in active legislative advocacy and worked for the passage of the

following legislation and resolutions during the 2005 legislative session: caregiver consent for healthcare (SB 40), expanded chore services (SB 1620), senior centers (SB 1620), federal housing assistance for grandparents raising grandchildren (SCR 21), aging in place in condominiums (SCR 79), recognition of family caregivers (HCR 95), DOH/DHS support for family caregivers (HCR 96), purchases of health and human services (HB 527), state pharmacy assistance program (SB 802), and the 2005 Model Legislature (SCR 95).

The Executive Office on Aging received a total of \$ 13,186,007 in appropriations from federal and state funds in FY 2005. Through its various services and programs, it was able to serve an estimated total of 69,870 elderly clients statewide.

PREFACE

The Executive Office on Aging extends its sincere aloha and mahalo to the many, unnamed individuals and organizations that, on a daily basis, act kindly and caringly toward an older adult. In ensuring the dignity and independence of Hawaii's older adults and disabled, the Office recognizes that partnerships take us much further in reaching our goals – than if we acted on our own.

Some of our work is not visible to nor recognized by the public we serve. However, our endeavors make it possible for Hawaii to receive and manage millions in federal and state dollars that reach individuals and families through our federal grant programs, County/Area Agencies on Aging, and subcontracted service providers.

Each year we enjoin diverse members of our Statewide community in efforts to improve the lives of our kupuna – promote meaningful roles for older adults in civic and social developments; ensure support for caregivers; provide technical assistance and training for our network of professionals; assure that the issues and needs of older adults and caregivers are included in broader State planning and advocacy functions; and increase understanding of the aging process and value of planning for longevity and long-term care.

PAT A. SASAKI
Executive Director

TABLE OF CONTENTS

	Page
Executive Summary	1
Preface	4
I. The Executive Office on Aging	6
1. Statutory Basis, Mission and Goals	
2. Administration: Budget and Staffing	
3. Policy Advisory Board for Elderly Affairs (PABEA)	
4. Legislative Advocacy	
II. State Plan on Aging	10
1. Goals and Objectives	
III. Programs and Special Projects	11
1. Information Services	11
• I&A, Outreach and Public Education	
• Statewide Data System Development	
• Center on the Family	
2. Supportive and Nutrition Services	12
• Titles III-B and III-C Services	
• Kupuna Care	
3. Family Caregivers	14
• Title III-E Services	
• Caregiver Resource Initiative Project	
4. Elder Rights	15
• Legal Assistance	
• LTCO Program	
• SagePLUS	
• SageWatch	
5. Community Partnerships	21
• Healthy Aging Project	
• White House Conference on Aging	
• Silver Legislature	
IV. Targeting and Performance Measures	25
V. Monitoring Report on Area Agencies on Aging (FY 2004)	26
VI. Challenges and Future Plans	27
Appendix: How to Reach the Aging Network	28

THE EXECUTIVE OFFICE ON AGING

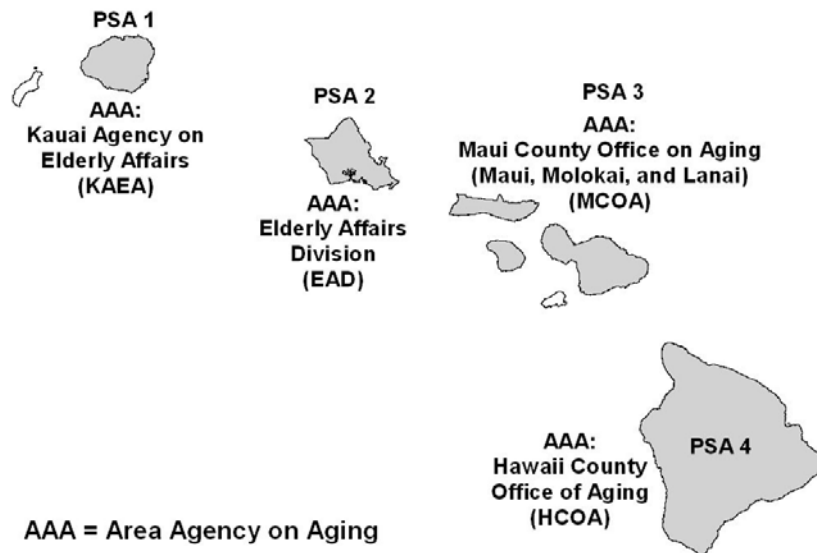
Statutory Basis, Mission and Goals

The Older Americans Act (OAA) established the Administration on Aging of the U.S. Department of Health and Human Services to administer OAA programs at the federal level.

In each state there is a designated State Unit on Aging. In Hawaii, the State Unit is the Executive Office on Aging (EOA), an attached agency to the State Department of Health. EOA provides leadership relative to all aging issues on behalf of the 224,000+ individuals 60 and over in Hawaii. It is responsible for coordinating and providing a focus for statewide efforts on behalf of Hawaii's older adults. EOA's mission is to promote the dignity and independence of older adults and to help our society prepare for the rapid expansion of Hawaii's aging population.

The 1972 amendments to the OAA allowed states the option of creating substate entities, or Area Agencies on Aging (AAAs), to oversee services in communities. Under the OAA, the EOA divided the State into four Planning and Services Areas (PSAs). PSAs correspond to county boundaries in the State, except in PSA 3 where Kalawao County is included with the County of Maui.

Planning and Service Areas (PSAs)



The Administration of Aging annually determines the level of federal funding allotted to Hawaii. The EOA then distributes those funds to the four AAAs according to a formula approved by the Administration on Aging.

Administration: Budget and Staffing

Budget:

Support for EOA programs and services are provided by funds allocated from federal, state, and private sources. For FY 2005, the EOA received a total of approximately \$13.2 million in budget appropriations: \$7.1 million from the Federal government and \$6.1 million from the state. A comparative breakdown of EOA funding for FY 2004 and FY 2005 is shown below:

EOA FUNDING ALLOCATIONS

Source	FY 2004	%	FY 2005	%
State	\$ 6,060,687	46.00%	\$ 6,060,687	45.96%
Federal	\$ 7,119,320	54.00%	\$ 7,119,320	53.99%
Private	\$ 0	0.00%	\$ 6,000	0.05%
TOTAL	\$ 13,180,007	100.0%	\$ 13,186,007	100.0%

There were no increases in State and federal funds since the previous fiscal year. A minimal amount in private funding was received in FY 2005, resulting in an increase of 0.05% in overall funding.

The following table shows state and federal funding distributed to Area Agencies on Aging in FY 2005:

EXECUTIVE OFFICE ON AGING STATE AND FEDERAL FUNDS ALLOCATED TO THE AREA AGENCIES ON AGING STATE FISCAL YEAR 2005

AREA AGENCY	STATE FUNDS	FEDERAL FUNDS	TOTAL
Kauai Agency on Elderly Affairs	\$ 580,584	\$ 497,950	\$ 1,078,534
Honolulu Elderly Affairs Division	\$ 3,135,184	\$ 3,091,385	\$ 6,226,569
Maui County Office on Aging	\$ 680,283	\$ 672,159	\$ 1,352,442
Hawaii County Office of Aging	\$ 646,578	\$ 906,635	\$ 1,553,213
TOTAL	\$ 5,042,629	\$ 5,168,129	\$ 10,210,758

Total state funds allocated to area agencies on aging decreased from \$5,084,305 to \$5,042,629 (8.2%) since last year. Federal funds to AAAs decreased 19.7%, from \$6,433,780 in 2004 to \$5,168,129 in 2005. The drop in figures was due to the non-inclusion of carryover federal funds for 2005.

Staffing:

For state fiscal year 2005, the Executive Office on Aging had a total of 21 full-time employees. Two of these positions were vacated toward the end of the fiscal year.

Of the 21 positions, 16 are program and fiscal staff while five are clerical staff. Vacant positions are those of LTCO Volunteer Program Coordinator and SagePLUS program assistant coordinator.

The Policy Advisory Board on Elderly Affairs (PABEA)

Appointed by the Governor to advise the Executive Office on Aging, the volunteer Policy Advisory Board for Elderly Affairs (PABEA) contributed expertise and time, participated in sub-committees, and accomplished the following under PABEA chair Robert Takushi:

- Advocated policies and legislation that offered strategies to finance long term care and protect the rights and health of elders in their homes and care facilities.
- Reviewed the four-year *Hawaii State Plan on Aging (2004-2007)* prior to its submission to, and subsequent approval by, the U.S. Administration on Aging for continued funding of aging programs in Hawaii.
- Reviewed the amendment to the Interstate Funding Formula (IFF) which has been approved by the U.S. Administration on Aging.
- Raised funds and organized the annual recognition of Hawaii's outstanding older adults, with a luncheon program on May 19, 2005. This year's honorees were: James Okada and Millicent Wellington of Kauai, Andres Cariaga and Dorothy Mau of Oahu, Edward Nishihara Sr. and Dorothy Nakata of Maui, and Michael Sumja and Lily Inouye of Hawaii.

Legislative Advocacy

As part of its role as advocate for the elderly, the Executive Office on Aging, through the PABEA Legislative Advocacy Committee, Aging Network, and the Caregivers' Resource Initiative Project, mobilized to support the following 10 bills and resolutions which passed the State Legislature during the 2005 Legislative Session, and received Governor's approval.

1. Caregiver Consent for Healthcare. Authorizes a minor's caregiver to consent to health care services for the minor (SB 40).

2. Expanded Chore Services. Appropriates funds for chore service programs to support and expand the level of chore services for Hawaii's elderly and disabled (SB 1620).
3. Senior Centers. Appropriates funds for the Lanakila Multi-purpose Senior Center, the senior center at Moiliili Community Center, and the senior support program at the Waikiki Community Center (SB 1620).
4. Federal Housing Assistance for Grandparents Raising Grandchildren. Urges federal housing assistance for grandparent and relative-headed households (SCR 21).
5. Aging in Place in Condominiums. Convenes a Task Force to facilitate the establishment of viable naturally occurring retirement communities. Includes representation from a diversity of viewpoints and opinions. (SCR 79).
6. Recognition of Family Caregivers. Urges the State to recognize the importance of the contributions of family caregivers and to support them to the extent possible in serving the long-term care needs of the State's residents (HCR 95).
7. DOH/DHS to Support Family Caregivers. Urges the Departments of Health and Human Services to develop methods to support family caregivers who provide at-home care to qualified relatives (HCR 96).
8. Purchases of Health and Human Services. The purpose of the bill is to provide county agencies on aging more resources to procure the health and human services they need. Gives County Agencies access to purchasing privileges and pricing mechanisms for contracts that are only available to state agencies under 103F, HRS. (HB 527).
9. State Pharmacy Assistance Program. Creates a state pharmacy assistance program to provide benefits to certain elderly and disabled individuals to assist in defraying costs for medically necessary prescriptions under the new federal medicare part D drug benefit program. Creates the pharmacy assistance program special fund. (SB 802)
10. 2005 Model Legislature. Urges the Kokua Council to convene a model legislature as an important opportunity for older adults to learn about the law-making process. (SCR 95).

THE STATE PLAN ON AGING (2004-2007)

In October 2003, the *Hawaii State Plan on Aging (2004-2007)* was approved, enabling Hawaii to receive a four-year grant from the U.S. Administration on Aging.

Grant funds are used to provide programs and services to older adults and their caregivers. The current annual grant award is \$5.47 million.

The plan covers five major goals:

- Older adults make informed decisions through accurate information.
- Older adults are able to live independently in their homes for as long as possible.
- Family caregivers have supportive programs and services that address their needs to enable them to continue giving care.
- Older adults and family members are informed of elder rights and benefits.
- Public and private sectors and the community work together to address existing and emerging issues.

These goals are to be achieved through a statewide system of programs and services, including special projects designed to address the needs of the elderly, which is coordinated by the Executive Office on Aging.

The entire plan is online at www2.hawaii.gov/eoa/programs/community/state_plan.html.

Because of significant changes in funding that would occur due to changes in census data, EOA revised the Title III intrastate funding formula used to distribute funds to the counties. Updating the underlying data (census) and adding more weight to older adults living in rural areas, older adults with one or more disabilities, and older adults with a language barrier were the main changes to the formula.

PROGRAMS AND SPECIAL PROJECTS

In accordance with the mandates of the Older Americans Act, as amended, the Executive Office on Aging is the entity in state government responsible for the administration of a statewide system of social services and programs affecting seniors in Hawaii. It coordinates a comprehensive range of social, health, and long-term care services designed to enhance the independence and self-reliance of persons who are no longer able to care for themselves.

I. INFORMATION AND OUTREACH SERVICES

- I&A, Outreach and Public Education

Information and assistance services, including outreach and public education, are provided under Title III-B of the Older Americans Act. Information and assistance services provide individuals with current information on opportunities and services available to them within their communities, while outreach services identify potential clients (or their caregivers) and encourage their use of existing services and benefits. Public education provides the public with broad-based information dissemination to increase awareness and knowledge about elderly programs, services and issues.

During FY 2005, the number of individual contacts made by both staff and I&A and outreach personnel totaled 37,039. Public education activities were able to reach an estimated number of 28,596 persons. This does not include an undetermined number of persons reached through radio and television broadcasts on the island of Oahu.

- Statewide Data System Development

In collaboration with the Area Agencies on Aging, the Executive Office on Aging initiated a project in early 2004 to collectively develop an enhanced statewide data system. The project was prompted by the need to improve the data collection and reporting system to better meet state and federal reporting requirements. This also reflected a realization of the importance of and the need for accurate and reliable data to fulfill state and county planning, evaluation, and research functions. The need to approach data from a systems (big picture) perspective, as well as to address immediate reporting needs made up the two tracks that were adopted by the organizers.

During FY 2005, several statewide meetings built on what was accomplished during the previous year. Topics discussed included the following: crosswalk between State-added requirements and SAMS 2000, review of SAMS 2000-generated reports; finalization of Kupuna Care intake form minimum requirements, and finalization of State-added forms. The EOA Data Team also visited the area agencies to get a better understanding of their data system set-up, needs and issues. A “Federal and State Reporting Requirements Handbook” was produced and distributed to the area agencies. The handbook has the following parts: (1) Introduction: Statutory Bases and Key Features; (2) Federal

Reporting Requirements: State Program Report (SPR); (3) State Reporting Requirements: Forms and Instructions; (4) Schedule and Frequency of Reports; and (5) Appendices.

Succeeding meetings will cover topics such as the State Reporting Tool (SRT); a review of Area Agencies' experiences with the new reporting forms; a phase-in plan for client registration; definition/elements of "greatest social need"; and service standards.

- Center on the Family

In collaboration with the Center on the Family at the University of Hawaii at Manoa, the Executive Office on Aging initiated a project in 2005 to develop a web-based data center that contains the most comprehensive collection of data and information on the well-being of older adults and the aging in Hawaii.

The project was prompted by a need for a "one-stop" center that provides valid, reliable, and timely data and information on Hawaii's aging population, and facilitates national and county comparisons of data across time. A web-based data center will deliver information in a user-friendly format and assist a larger pool of clients cost effectively.

The data center will help policymakers, program planners, grant writers, and community advocates to build their strategies and proposals on a sound foundation of knowledge. It will also provide valuable educational outreach to the general public.

The data center will be launched in 2006. It will include:

- (1) Data on indicators related to the well-being of older adults and the aging in Hawaii. Comparative data will be available across years and at the national, Hawaii's state and county levels.
- (2) Publications related to Hawaii's aging population. Collections will include governmental and non-governmental reports, legislative acts, journal articles, doctoral dissertations, etc. Bibliographies, abstracts, and/or full documents will be accessible via the website.

II. SUPPORTIVE AND NUTRITION SERVICES

Titles III-B and III-C of the Older Americans Act authorize supportive and nutrition services, respectively. Priority is given to older individuals who have the greatest social or economic need or are low-income minority.

- Supportive Services

Supportive services include access, in-home, and community-based services. Access services are services designed to provide older Americans with the means to receive needed services available in the community. These services include information and assistance (provides individuals with current information on opportunities and services

available to them within their communities), outreach (identifies individuals who may require needed services), case management (assesses and determines the types and amounts of services needed), and transportation (provides a means for an older individual to get to the location where services are provided). During FY 2005, Title III-B provided access services to an estimated 46,043 persons statewide.

In-home services such as attendant care, homemaker, personal care, and adult day care, assist seniors who wish to remain in their homes and communities. An estimated total of 4,883 older adults received in-home services during the fiscal year.

Community-based services are designed for seniors with the ability to travel to the point of service and participate in senior activities. These services encourage seniors to remain active members of the community. During FY 2005, Title III-B provided community-based services to an estimated 12,199 recipients.

- Nutrition Services

Title III-C of the Older Americans Act authorizes nutrition services to participants attending congregate meal sites and home delivered meals to homebound individuals. Meals provided for both congregate and home delivered meals shall meet the 1/3 Recommended Dietary Allowances (RDA) and other requirements as specified by the EOA Nutrition Standards, as amended in May 2000.

Title III-C is divided into two subparts: congregate dining (C-1) and home-delivered meals (C-2). During FY 2005, a total of 351,530 meals were provided at congregate dining sites. During the same year, a total of 530,996 hot and frozen home-delivered meals were provided statewide. A total of 17,591 individuals were served by the nutrition programs.

- Kupuna Care

Kupuna Care is a statewide long-term care program that is designed to meet the needs of older adults who cannot live at home without adequate support from family and/or formal services. Kupuna Care provides in-home and community-based services which include adult day care services, assisted transportation, attendant care, case management, chore services, homemaker services, home-delivered meals, and personal care.

Kupuna Care targets older adults having difficulty in performing two or more functions of daily living (ADLs and/or IADLs). To qualify, an individual must be a U.S. citizen or legal alien; 60 years of age or older; not covered by any comparable government or private home- and community-based care services; and not residing in an institution.

During FY 2005, a total of 6,333 unduplicated clients statewide received Kupuna Care services.

III. FAMILY CAREGIVERS

- National Family Caregiver Support Program

Section 373 of the Older Americans Act established Title III-E and authorized the National Family Caregiver Support Program to develop a statewide system to integrate the five statutory services under this title.

These five statutory services include:

Information: Group services and public education, which includes the provision of information at health fairs. Outreach is for the purpose of identifying potential caregivers and encouraging them to explore service options.

Assistance: One on one contact either through information and referral or case management.

Counseling: Counseling services encompasses individual counseling, support groups, and caregiver training to assist the caregivers in making decisions and develop problem solving skills.

Respite Care: Service that provides temporary relief from the daily responsibilities of caregiving.

Supplemental Care: Services to support the needs of the caregiver, as defined by the state.

The total number of caregivers served during FY 2005 statewide was 1,651.

- Caregivers Resource Initiative Project

The Caregivers Resource Initiative (CRI) Project was started as a result of the new demands placed on the states by the federal government to develop support systems, services, and products for family caregivers. While the National Family Caregiver Support Program served as the catalyst for the CRI Project, it is not directly related to it in terms of services.

The goal of the CRI Project is to build a statewide system of support and services for family caregivers. To achieve this, the project focuses on four objectives: promoting self-advocacy; building coalitions; strengthening communication and community-wide support; and implementing the Brookdale Foundation's Relatives as Parents Program (RAPP) statewide initiative

To promote self-advocacy, the project sought to develop community leaders and the tools to continue to nurture caregivers support groups, policies, and programs for continuity and sustainability. During the fiscal year, it responded to Legislative requests pursuant to

concurrent resolutions that were adopted during the current regular session. It also worked with caregivers to develop policy initiatives for future legislative sessions. It likewise conducted trainings with caregivers about the legislative process, including how a bill becomes law, communicating with Legislators, and the role of leadership/staff.

To build coalitions, the project sought to establish the Hawaii Caregiver Coalition and to maintain the Hawaii Family Caregiver Network. During the fiscal year, it developed, trained, and coordinated a statewide caregiver coalition of organizations that have an interest in supporting family caregivers. It also provided technical assistance to the Caregiver Coalition subgroups. In addition, it promoted and enhanced participation in the Hawaii Family Caregiver Network.

In order to strengthen communication and community-wide support, the project published and distributed the *Family Caregiver* newsletter on a quarterly basis. It continues to maintain the caregiver website and periodically updated EOA's family caregiver section of the same website. It also initiated additional support groups statewide with the faith community and with unions and their retirees.

Finally, to implement the Brookdale's RAPP Statewide Initiative, the project initiated two support groups under the sponsorship and support of local agencies. It established grandfamily coalitions by organizing a statewide network of local organizations that link current programs and interested agencies and provide guidance and information to local communities; and by establishing an inter-system Task Force of public state agencies and statewide organizations on the issue of relatives as surrogate parents. The project also organized educational opportunities by allocating space in each issue of *Family Caregiver* to address grandfamily issues, and by conducting at least one workshop for grandfamily caregivers in each county.

While unions, the faith communities, and service providers all agree that caregiver support groups would be beneficial for their constituents, they have to voluntarily decide to start them. Therefore, it has been difficult to meet the CRI Project objectives. To create incentives for unions, the faith community, and service providers to support eldercare and grandfamily caregivers under their own sponsorship, the CRI Project will develop a Caregiver's Speakers' Bureau and a Caregiver's Planning Kit. The Speakers' Bureau will provide information about aging and caregiving on a statewide level, and will be made available to individuals and community groups. The Caregiver's Planning Kit will provide information on local services and resources that will help individuals in their role as a family caregiver, and will also provide information and techniques on how to relieve stress due to caregiving.

IV. ELDER RIGHTS

The promotion and protection of elder rights is a major goal of the Executive Office on Aging. This is addressed through a program of legal assistance, elder abuse prevention,

the Long Term Care Ombudsman and Long Term Care Volunteer Ombudsman programs, the SageWatch and the Sage PLUS programs.

- Legal Assistance

Congress authorizes legal assistance to be provided under the OAA through a statewide system of attorneys. The services offered include advice and representation by qualified attorneys or persons under supervision of an attorney; counseling and other assistance; information and referral; and community education regarding legal and related issues such as benefits and entitlements, wills and trusts, guardianship and powers of attorney.

In FY 2005, legal assistance was provided to a total of 1,062 individuals statewide.

- Elder Abuse Prevention and Response System

The Executive Office on Aging plays an advocacy role in abuse and neglect prevention and, through its area agencies, provides assistance to older adults who are not eligible for State adult protective services. Area agencies work closely with their counties' law enforcement, legal and social services programs to address the diverse and sensitive aspects of elder abuse and neglect.

In FY 2005, the Office engaged in the Department of Attorney General's development of a strategic plan for victims of crimes, including elder victims, for implementation in FY 2006. The Office also updated protective rights information in a publication called *Be Akamai, Be Wise...Beware!*

Funding from the State Legislature for statewide elder abuse prevention and response enabled an Oahu-based demonstration project called *Project Reach*, between FY 2003 and 2005. Over a three-year period, the Project served 111 clients with extensive counseling and case management services. The Project's final report can be made available by calling the Executive Office on Aging. Project funding is being reallocated to serve older adults statewide through the network of area agencies.

- Long Term Care Ombudsman and Volunteer Ombudsman Programs

The Older Americans Act requires each state to develop a Long Term Care Ombudsman Program (LTCOP). Hawaii's LTCOP was established in 1977. To help increase the Hawaii LTCOP's visibility and achieve its federal requirement of providing "timely and regular access," a state-supported Long Term Care Ombudsman Volunteer Program (LTCOVP) was established in June 2001.

In FY 2005, Hawaii's LTCO and LTCVO programs were able to address the following responsibilities as laid down in the Hawaii Revised Statutes 349-12:

1. Identify, investigate, and resolve complaints made by or on behalf of residents of licensed long term care facilities. The program opened 40 cases which totaled 111 complaints. Of this, 34 cases were closed, while the rest was carried over to the following reporting cycle.
2. Provide information to residents about long term care services. The program's 21 certified Ombudsman representatives completed 414 weekly visits with 1,757 residents face-to-face in 20 nursing homes on Oahu. The program's staff also visited with residents in 32 adult residential care homes. In addition, the State LTCO Ombudsman met with the residents of every facility on every neighbor island except Lanai and Molokai.
3. Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to help protect residents. The State LTCO is a regular member of the Senate Task Force on Elder Abuse and Neglect. He also worked with the DOH and the Office of the Public Guardian on various issues affecting residents of care homes.
4. Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents. The LTCO program estimates 30% of its time was spent monitoring or commenting/testifying on laws, regulations, government policies and actions.
5. Work with licensing, certification, and other enforcement agencies to improve quality of care in LTC facilities. Three Ombudsman representatives attended facility exit interviews with the DOH surveying team. The State LTCO is also in regular communication with the staff responsible for licensing long term care facilities and has referred many cases and problems to them for resolution.
6. Educate and inform consumers and the general public regarding issues and concerns related to long term care and facilitate public comment on laws, regulations, policies, and actions. The program conducted three classroom trainings, four on-site trainings, and 12 monthly continuing education trainings. The LTCO volunteer coordinator conducted 22 quarterly evaluations with Ombudsman representatives at their assigned facilities. Program staff were guest presenters 97 times at various venues and spoke with media 34 times about legislative issues and volunteer recruitment, while the State LTCO gave presentations to every area agency on aging except Honolulu. Information on the LTCO program was mailed to many organizations and agencies.
7. Promote the development of citizen organizations to participate in the program. At every community and educational forum, LTCO staff have encouraged seniors to be more involved in issues affecting them and their peers.
8. Provide technical support for the development of resident and family councils to protect the well-being and rights of residents. Ombudsman representatives spoke

with 113 family members and participated in 25 resident council and 8 family council meetings. An MSW practicum student was assigned to review literature and develop protocols to assist facilities in developing, empowering and maintaining vital family councils.

9. Intervene in problem situations on behalf of consumers, residents, and their families involving the long term care delivery system. The program provided 187 consultations, mostly by phone, to facility staff, and also provided information and consultations to 1,050 individual callers.
10. Advocate to protect the health, safety, welfare and rights of the elderly in long term care settings. The program conducted 9 nursing home staff in-services on residents' rights.

Among the challenges faced by the program are: funding and staff shortages, and logistical and financial challenges in volunteer recruitment on the neighbor islands.

- Sage PLUS

The Sage PLUS Program is a federally funded, state-sponsored program that is designed to give unbiased health insurance information counseling and assistance to people with Medicare at no cost to the individual. A unique aspect of the program is its use of peer volunteers from the community who offer information over the telephone, provide person-to-person counseling with clients, and make outreach presentations to community organizations and other interested groups. Sage PLUS volunteers are located on all islands.

The goals, objectives, and results of the program are as follows:

Goal 1: Healthcare beneficiaries in Hawaii will be well-informed and pro-active in their healthcare decisions. The program provided quality counseling, information and assistance to 3,348 (target was 2,500) eligible individuals in need of health insurance information on calls received on the hotline. It also provided quality information through group presentations to 62 (target was 50) different groups statewide. Sage PLUS reached approximately 71,830 (target was 50,000) individuals through community presentations and health fairs. It was, however, only able to complete and distribute one issue of the newsletter (instead of four) due to change in SMPP staffing. In addition, due to lack of interest by families and communities, the program was unable to conduct its 12-part education/training series.

Goal 2: Establish a sufficient number of trained volunteers necessary to provide quality services statewide. The program was able to increase the number of volunteers from 45 to 65 statewide, and to limit the number of annual volunteer resignations to just one during the fiscal year, which is well below the projected 15%.

Goal 3: Collaborate and coordinate the exchange of information including consumer issues and complaints among the staff of the departments and agencies of the County, State and Federal Governments. The program was able to implement and update contacts for the various agencies responsible for providing or regulating health insurance.

Goal 4: Ensure access to appropriate information and assistance of underserved and low-income people of Hawaii who experience barriers due to language, literacy, location and culture. The program continued to provide regularly scheduled events, including outreach programs, to outlying areas, as well as to work on printed translations of Sage PLUS brochures in various languages.

Goal 5: Expand the capacity of the program to meet the demands of the new CMS initiatives and policy changes including long-term care financing and the prescription drugs and other assistance programs. The program held trainings for volunteers and community partners on long-term care financing and options. It also did an informational session regarding Medicare-approved drug discount card program and the \$600 transitional assistance subsidy available to limited income persons with Medicare. Insofar as trainings in the community on LTC financing was concerned, the program was able to conduct only three trainings as requested by the groups owing to very little community requests for the topic.

Goal 6: Prepare a plan to provide information to Hawaii's Medicare beneficiaries and the community regarding Part D with broad input from stakeholders. The program was able to organize and coordinate a coalition of government, private, and non-profit providers, advocacy and community representatives, conducted community meetings, and provided appropriate print materials and other resources.

Goal 7: Assure all volunteers are appropriately trained regarding the Medicare Part D benefit. The program conducted a comprehensive training program and certification review on the Part D benefit for all volunteers.

Overall, the Sage PLUS program was able to meet the objectives it laid down for fiscal year 2005.

- SageWatch

Funded by the US Administration on Aging (AoA), the State of Hawaii Executive Office on Aging's SageWatch program is one of 57 Senior Medicare Patrol (SMP) projects located in every state, the District of Columbia and Puerto Rico. SMP projects utilize volunteer retired professionals, such as doctors, nurses, accountant, investigators, law enforcement personnel, attorneys and teachers, and others to work in their communities, educating and empowering beneficiaries to take an active role in the detection and prevention of health care fraud and abuse, with a focus on the Medicare and Medicaid programs.

The Centers for Medicare and Medicaid Services (CMS) and the Office of Inspector General (OIG), have placed significant emphasis on the identification and reduction of billions of dollars of fraud and errors in the Medicare and Medicaid programs. AoA works in partnership with CMS, OIG, the Department of Justice, Attorney General's office, and other Federal, State, and local partners to assist in this effort by capitalizing on the role that senior volunteers and beneficiaries can play in the fight against fraud.

The SageWatch program focuses on four objectives. The following are the intended outcomes, activities, and results for these objectives:

- A) Partner with aging services network professionals, law enforcement, and others to promote community awareness of health care errors, fraud and abuse.
Intended Outcome: Create a network of community partners to promote awareness of health care errors, fraud and abuse.
Activities and Results: (1) Partnered with County Police Departments in hosting a community identity theft workshop. (2) Collaborated with Department of Commerce and Consumer Affairs, Better Business Bureau and SagePLUS in developing a Senior Education Outreach Program.
- B) Develop and disseminate consumer education materials about Medicare, Medicaid fraud, errors and abuse through presentations, health fairs, and press events.
Intended Outcome: Educate beneficiaries, caregivers, family members about health care errors, fraud and abuse.
Activities and Results: (1) Created and published SageWatch newsletter. (2) Created SageWatch volunteer business cards to distribute at community presentations and functions. (3) Received training on Medicare Modernization Act and Part D and resultant fraud and abuse in order to provide new training and presentation materials to volunteers. Volunteers have received training on MMA and Part D. The program is currently working with the Office of Inspector General and the FBI to create presentation materials for MMA and Part D fraud. (4) The development of a public awareness campaign was delayed. Current staff is working with marketing consultants to develop public service announcements for television spots.
- | | |
|---|--------------|
| ○ Persons reached through presentations | 2,611 |
| ○ Persons reached through health fairs | 10,710 |
| ○ Persons reached through newsletters | 2,000 |
| ○ Persons reached through press events | 200,000 est. |
- C) Provide consumer counseling, and when necessary serve as consumer advocates to resolve billing disputes/ issues.
Intended Outcome: Increase in number of one on one counseling sessions for Medicare and Medicaid beneficiaries.
Activities and Results: (1) The recruitment, training, and retention of culturally diverse volunteers to give educational presentations and provide one-on-one counseling to Medicare/Medicaid beneficiaries has not been pursued more actively as intended due to certain constraints. A total of 50 complaints were received during the year.

D) Make appropriate referral to health care agencies and law enforcement for suspected cases of errors, fraud or abuse.

Intended Outcome: Increase in number of fraud referrals to health care agencies and law enforcement.

Activities and Results: (1) Conducted SageWatch Advisory Council meeting. (2) The creation of Neighbor Island Stakeholder Committees on the islands of Hawaii and Kauai to collaborate with county health care agencies, law enforcement and community members to address fraud referral protocols was delayed. Current staff has begun discussions with respective community members in developing stakeholder committees. 3 cases referred.

V. COMMUNITY PARTNERSHIPS

In line with its goal of getting the public and private sectors and the community work together to address existing and emerging issues, the Executive Office on Aging initiated or took the lead in the following activities:

- Healthy Aging Project

The Healthy Aging Project is a partnership between the aging network and public health programs, government, private sector, and the community whose mission is to improve the health status of Hawaii's older adult population. The focus of the project is to increase physical activity and improve nutrition among older adults. Partners include the following: Executive Office on Aging, DOH Community Health Division, DOH Minority Health Office, Kauai District Health Office, Maui District Health Office, Hawaii District Health Office, Elderly Affairs Division, Kauai Agency on Elderly Affairs, Maui County Office on Aging, Hawaii County Office of Aging, Lanakila Meals on Wheels, AARP, etc.

The partners recognize that this is a long-term venture and are committed to reaching the following goals:

- Long term: Reduce morbidity and premature mortality.
- Intermediate:
 - All older adults will eat five or more servings of fruits and vegetables a day.
 - All older adults will participate in moderate physical activity of 30 minutes or more a day.
- Short term: All older adults will start or continue to exercise and eat healthier.
 - Partners will share appropriate healthy aging practices with older adults.
 - Partners will focus on evidence-based interventions and measure their own performance.
 - Older adults will have access to accurate and current information and resources about healthy aging.
 - Older adults will have positive attitudes about healthy aging.

- Older adults, in particular high-risk populations, will participate in fun, interesting, and challenging activities to improve their health.

The partners acknowledge that this venture must be community driven, inclusive, community owned, built upon existing community assets and infrastructures to ensure long-term sustainability and use evidence-based strategies. These perspectives are incorporated in the plan's objectives.

In FY 2005, emphasis was given on the first two sub-goals of the project.

Sub-Goal: Partners will share appropriate healthy aging practice with older adults.

Objectives are:

- By December 2004, as a result of statewide training sessions, partners will be able to conduct needs assessment/listening sessions with various groups.
- By March 2005, partners will learn from older adults what are appropriate activities for healthy aging.
- By March 2005, partners will design programs enabling older adults to practice and share appropriate healthy aging activities.

Intended outcomes were:

- Partners will gain knowledge about needs assessment approaches.
- Partners will be able to apply knowledge gained by conducting needs assessment/listening sessions with various groups.
- Partners will be able to incorporate appropriate practices in healthy aging projects.

Activities planned were:

- Conduct statewide training on conducting needs assessment/listening sessions.
- Conduct needs assessment/listening sessions.
- Set up, implement, and evaluate program.

Outputs:

- Trainings were conducted in all four counties (September 16-Honolulu; September 22-Hilo; November 3-Lihue; and December 9-Maui).
- Needs assessment sessions were conducted by three counties: Hawaii, Honolulu; and Kauai.
- Set up, implement and evaluate program. Kauai, Hawaii, and Honolulu set up and implemented programs based on needs assessment input.

Outcomes:

- All partners gained knowledge about needs assessment approaches.
- 75% of partners applied knowledge gained by conducting needs assessment.
- 75% of partners were able to incorporate appropriate practices in healthy aging projects.

Sub-Goal: Communities target evidence-based interventions; communities measure their own performance.

Objectives:

- At the end of the statewide training session, partners will be able to draft a few project designs (choose among alternatives) that incorporate an evidence-based strategy for their community.
- By March 2005, partners will be able to produce a full-scale proposal for pilot project implementation.
- By April 2005, partners will implement pilot projects.

Outcomes:

- Partners will gain knowledge about evidence-based interventions.
- Partners will be able to apply knowledge gained by developing a full-scale project proposal incorporating evidence-based project design.
- Partners will be able to implement project.

Activities:

- Conduct annual statewide training on documenting evidence-based interventions.
- Provide technical assistance on design, implementation, evaluation

Outputs:

- Evidence-based trainings were held in each county between the period November 2004 – March 2005.
- Dates for project outcomes were extended and additional training was required.

Outcomes:

- 50% agreed that they gained knowledge from the training.

- White House Conference on Aging

The 2005 White House Conference on Aging (WHCOA) will be held in Washington, D.C. from December 11 through 14. Delegates from across the nation will gather at our nation's Capitol to deliberate over and vote on a number of resolutions to be sent to the President, Congress and Federal agencies. These resolutions are intended to guide national aging policy over the next decade through 2015.

In Hawaii, the Governor designated Shimeji Kanazawa, Carol Kikkawa-Ward, and William Takaba to serve as Co-Chairs of the Hawaii Steering Committee to plan, organize, and conduct local activities to solicit public input on recommendations for the Policy Committee for the WHCOA. Over the past year, the Co-Chairs facilitated meetings with the Executive Office on Aging, Kauai County Agency on Elderly Affairs, City and County of Honolulu's Elderly Affairs Division, Maui County Office on Aging and Hawaii County Office of Aging to design activities to gather grassroots community input.

Each of the Area Agencies on Aging (AAA) conducted focus groups/community forums to gather perspectives on the major issues, barriers, and solutions for consideration in aging policy making. The four AAA, Policy Advisory Board for Elderly Affairs, and Executive Office on Aging later co-sponsored a statewide aging agenda event on June 30, 2005 at the State Capitol. Participants from geographical communities across the state met to deliberate and develop recommendations for a report to the Policy Committee for

the WHCOA. The participants voted and the following priority issues were submitted to the WHCOA:

- There is a need to strengthen and expand Medicare to include long term care with a goal to establish a universal health care system.
- There is a need for coordinated social and health services to enable older adults (the well through the frail) to age in place and to promote the maximum opportunity for consumer choice.
- There is an acute shortage of qualified workers to care for older adults and disabled individuals.
- Effective individual adaptation to the conditions of aging.
- There is a need to strengthen and preserve Social Security and not destroy it.

Visit www.whcoa.gov for Hawaii's full report and recommendations.

- Silver Legislature

The Executive Office on Aging funded planning activities of the 2005 Silver Legislature, headlined *From Grumble to Rumble: How Can You Make a Difference*, the first model senior legislature held in 13 years. Planning activities supported by numerous cosponsors included nearly 30 statewide "training" sessions organized by coordinator Laura Manis. These sessions generated bill proposals for the November event and senior volunteers to serve as legislators, lobbyists, and observers. Real members of the State House and Senate participated in the statewide sessions and will also play various roles in the Silver Legislature.

TARGETING AND PERFORMANCE MEASURES

The Older Americans Act requires that, in providing services to older persons 60 years and older, priority be given to the following groups: minority, those with greatest economic need (defined as low-income, or those whose incomes are below 115% of poverty), those living in rural areas, and those who are frail or disabled (having difficulty performing 1 or more ADLs or IADLs).

During FY 2005, of all persons 60 years and older, the number and percent served was 69,870 or 30% (note: Hawaii's estimated 60+ population for FY 2005 is 230,929). Of all registered clients, including caregivers, the number and percent who are minority was 9,755 or 70% (note: of Hawaii's total 60+ population, 76% are minority). Of all registered clients, excluding caregivers, the number and percent of low-income older adults served was 4,122 or 32% (note: of Hawaii's total 60+ population, 12% are low-income). Of all registered clients, excluding caregivers, the number and percent who are low-income minority was 3,169 or 24% (note: of Hawaii's total 60+ population, 10% are low-income minority). The number and percent living in rural areas, out of all registered clients, including caregivers, was 6,954 or 50% (note: of Hawaii's total 60+ population, 24% live in rural areas). And of all registered clients, excluding caregivers, the number and percent having difficulty performing 1 or more ADLs was 4,676 or 36%, while the number and percent having difficulty performing 1 or more IADLs was 6,070 or 47% (note: of Hawaii's total 60+ population, 38% have one or more disability).

From the foregoing, while FY 2005 service utilization figures compare favorably or even exceed the figures for the entire 60+ population, there is a need to improve targeting activities if the Executive Office on Aging and the Aging Network are to meet the Older Americans Act's targeting priorities.

To measure the effectiveness of services provided, performance assessments were conducted in selected areas in FY 2005 with the following results. Not all counties, however, were able to conduct the assessments.

- 87% or 753 out of 861 clients surveyed in three counties (Oahu, Maui and Hawaii) indicated that I&A information received helped them in making informed decisions.
- 97% or 622 out of 643 Kupuna Care clients surveyed in three counties (Oahu, Maui and Hawaii) indicated that their needs were met.
- 69% or 3,101 out of 4,476 Kupuna Care clients in two counties (Oahu and Hawaii) remained at home for 3 months or more.
- 98% or 64 out of 65 caregivers surveyed in one county (Maui) indicated that services increased the amount of time for their own daily activities.
- 95% or 62 out of 65 caregivers surveyed in one county (Maui) reported that support services and programs helped them to continue giving care.
- 100% of 45 older adults surveyed in two counties (Maui and Hawaii) who requested information about legal advice, counseling and representation were linked to legal resources.

MONITORING REPORT ON AREA AGENCIES ON AGING (FY 2004)

The Executive Office on Aging conducted its annual program and fiscal monitoring of all four Area Agencies on Aging (Kauai Agency on Elderly Affairs, Honolulu Elderly Affairs Division, Maui County Office on Aging, and Hawaii County Office of Aging) from October 2004 to March 2005. The annual monitoring was in line with the requirements of the Older Americans Act (OAA).

For FY 2005, the Area Agencies on Aging (AAA) were assessed in the following areas: compliance with the recommendations of the FY 2004 monitoring report and the corrective action plans; Kupuna Care administration; and fiscal.

Three of the four counties (except Kauai) submitted their respective correction action plans in response to the results of the FY 2004 monitoring reports. At the time of the FY 2005 monitoring visits, some of the specific issues in the corrective action plans have been addressed, but certain items still needed follow up by the respective area agency.

Insofar as Kupuna Care administration is concerned, findings indicated the need for compliance with certain requirements of the Area Plans, contracts, and special conditions, as well as strengthening the monitoring, assessment, and technical assistance functions of the AAAs.

In the fiscal area, the review showed that, generally, the counties were in compliance with the requirements of the Older Americans Act.

CHALLENGES AND FUTURE PLANS

The nation, our State of Hawaii, and various countries around the world are facing and trying to embrace the worldwide phenomena of the boomer generation. In the U.S., this large cohort is diverse, inured to independence, and, in many communities, not going to age in complacency. The demographics are a wake-up call to States that lack adequate infrastructure for large numbers of older adults. Planning, providing, and assuring quality long term care are shared responsibilities by necessity, as no single entity alone can meet all eldercare needs. The demographics are also promising – adults going into second or third careers, advocacy roles, and voluntarism will increase the plus side of the equation.

The Executive Office on Aging's agenda continues to address the goals outlined in the State Plan on Aging. The Office will also lead and mobilize statewide resources to increase viable roles for individuals and families in our aging society. Partnerships are significant in endeavors that include long term care systems development; critical caregiver support; healthy and productive aging; advocacy for and protection of vulnerable elders; and helping our State prepare for its fast growing elder population.

Challenges for the Office are not unlike many government agencies today in which the director and willing staff assume "double-duty" functions. These include: strategic planning, disaster assistance coordination, public information, fiscal management, personnel management, and technical support for community resource development. Policy Advisory Board members, volunteers from throughout the statewide community, and consultant resources are helping the Office meet its many diverse requirements.

APPENDIX
HOW TO REACH THE HAWAII AGING NETWORK

State Unit on Aging



"E Loa Ke Ola"
May Life Be Long

Executive Office on Aging (EOA) Internet:
www4.hawaii.gov/eoa

250 South Hotel Street, Suite 406
Honolulu, Hawaii 96813

Phone: (808) 586-0100
Fax: (808) 586-0185
Email: eoahawaii@doh.hawaii.gov

Area Agencies on Aging

The four Hawaii Area Agencies on Aging (AAAs or "triple As") are located in county government, with the Maui AAA also serving Kalawao County.



Hawaii County
Office on Aging

Hawaii County Office of Aging (HCOA)

101 Aupuni Street, Suite 342
Hilo, Hawaii 96720

Phone: (808) 961-8600
Fax: (808) 961-8603
Email: hcoa@verizon.net



Elderly Affairs Division

Elderly Affairs Division (EAD)

715 South King Street, Suite 200
Honolulu, Hawaii 96813

Phone: (808) 523-4361
Fax: (808) 527-6895
Email: kmiyake@honolulu.gov

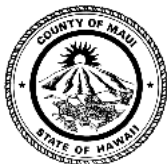


Kauai Agency
on Elderly Affairs

Kauai Agency on Elderly Affairs (KAEA)

4444 Rice Street, Suite 330
Lihue, Hawaii 96766

Phone: (808) 241-4470
Fax: (808) 241-5113
Email: ktakahashi@kauai.gov



Maui County Office on Aging

Maui County Office on Aging (MCOA)

200 S. High Street, 4th Floor
Wailuku, Hawaii 96793

Phone: (808) 270-7755
Fax: (808) 270-7935
Email: aging@co.maui.hi.us